

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000192341

**Entity Name:** AQUATEK POOL CARE & REPAIR LLC

**Current Principal Place of Business:**

3841 DONNA LYNN LN  
ORLANDO, FL 32817

**Current Mailing Address:**

4046 N. GOLDENROD RD  
108  
WINTER PARK, FL 32792

**FEI Number:** 81-4195866

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

CAMPBELL, MICHELLE  
4046 N. GOLDENROD RD  
108  
WINTER PARK, FL 32792 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title	CEO	Title	COO
Name	SPAIN, KEVIN	Name	CAMPBELL, MICHELLE
Address	344 SANDPIPER DR	Address	3841 DONNA LYNN LN
City-State-Zip:	CASSELBERRY FL 32707	City-State-Zip:	ORLANDO FL 32817

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHELLE CAMPBELL

COO

02/04/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date